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LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
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_____ (Depositor's name)
_____ (Signature)
_____ (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/570,849	03/06/2006	Jamal Tazi	REGIM 3.3-085	7384

TITLE OF INVENTION: USE OF INDOLE-DERIVED COMPOUNDS FOR THE PREPARATION OF A MEDICAMENT THAT CAN BE USED TO TREAT DISEASES RELATED TO THE SPLICING PROCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	06/21/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
R. T. Shiao	1628	514-284000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Lerner, David, Littenberg, Krumholz & Mentlik, LLP 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Centre National de la Recherche Scientifique (CNRS)
 Universite Montpellier II
 Institut Curie

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

France
 France
 France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

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☐ A check in the amount of the fee(s) is enclosed.

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature _____	/Thomas M. Finetti/	Date _____	June 21, 2011
Typed or printed name _____	Thomas M. Finetti	Registration No. _____	61,881

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I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

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on June 21, 2011
Date

/Thomas M. Finetti/

Signature

Thomas M. Finetti

Typed or printed name of person signing Certificate

61,881

Registration Number, if applicable

(908) 654-5000

Telephone Number

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Issue Fee Transmittal (1 page)

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